



PLEDGE FORM Annual Fund

Name: _____

I wish to support Baltimore Medical System's Annual Fund.

Enclosed is my gift of:

___ \$50 Associate ___ \$100 Friend ___ Other

___ \$250 Patron ___ \$500 Benefactor

Join the President's Circle!

___ \$1,000 ___ \$2,500

___ \$5,000 ___ \$10,000

OR Please charge my gift of \$ _____ to Baltimore Medical System to the following:

(Please circle one) MasterCard Visa AmEx

Name as it appears on the card: _____

Card Number: _____

Expiration Date: _____ Security Code _____

Signature: _____

Please charge me in:

___ One payment on _____ (date).

___ Bi-annual payments on _____ and _____.

___ Quarterly payments on _____, _____, _____ and _____.

___ Monthly payments.

All donors will be listed on the website. Those who contribute to the President's Circle (\$1,000 or more) will have the opportunity to be identified in the Annual Report. Please let us know if you would like your name included.

I would like to have my name included. I do not wish to have my name included.

Please list my/our name as follows: _____

Make Checks Payable to Baltimore Medical System and mail to:

**BMS Annual Fund
Ian J. Gray Building
3501 Sinclair Lane
Baltimore, MD 21213**

Note: Baltimore Medical System is a 501 (c) 3 organization. Your gift to BMS is tax deductible to the extent allowed by law. If you have any questions about your gift, please call our Development Office at 410.558.4884. A copy of our financial statement is available upon request.